



Dear Expectant Parent(s),

Congratulations on the anticipated arrival of your newborn(s)!

To increase your family's preparedness for this event, Shore Medical Center wants to provide you with information regarding the anticipated costs associated with the delivery and information that should be obtained from your insurance provider before your estimated delivery date. Below, you will find a list of frequently asked questions from previous expectant parents.

How can I make sure my health insurance provider pays for as much as possible?

It is important that you thoroughly understand your insurance carrier's maternity coverage policy. If you have insurance through your employer, your Human Resource Department should be able to help. Furthermore, you always have the option to contact your Member Benefits Hotline for clarification of your benefits (located on the back of your insurance card).

Go In-Network

When possible, choosing a healthcare provider and a hospital that is 'in-network' will reduce out-of-pocket costs.

Understand your insurance plan

Find out about any deductibles, copayments, and out-of-pocket maximums that you may be responsible for in order to estimate your costs. Keep in mind that there may be a separate deductible for each member (i.e. remember mom and newborn). For example, will you need preauthorization for any of your prenatal care? Are there options for enhanced coverage for high-risk pregnancy or pregnancy complications? Is there coverage for medically necessary or emergent C-sections? Will the plan cover the costs of a neonatal intensive care unit (NICU) stay for your newborn if necessary?

I am covered as a dependent under my parents' plan and I am pregnant.

Group health plans are required to provide maternity benefits for employees and their spouses under the Pregnancy Discrimination Act of 1978. However, other dependents of employees are not covered by the law, so companies are not required to provide maternity coverage for them.

Your parents' plan may not cover your maternity care and delivery. Therefore, it is essential that you contact your insurance carrier to determine coverage. Additionally, the plan is not required to cover your child as a dependent. You will be responsible for obtaining coverage for your baby. Depending on your income, your child may be eligible for coverage under the Medicaid/CHIP program in your state.

Or, you can also buy a child-only policy through the Marketplace; depending on your income, you may be eligible for a premium tax credit to reduce the cost of that coverage.

Don't Stay Too Long

Check the length of the hospital stay that is covered and only stay that long, if possible.

Notify your carrier of your newborn's birth (as soon as possible)

Many plans require that a new baby be added to the insurance policy within 30 days of birth. If not, your newborn's expenses may not be covered. Some insurance carriers even expect to be contacted as soon as you arrive to the hospital to deliver. If they are not notified within their preferred timeframe, they may refuse to cover the cost of the delivery and your newborn's hospital care.

How can I obtain health insurance coverage if my (or my partner's) employer does not provide it?

Medicaid- the federally facilitated marketplace (www.medicaid.gov)

NJ Family Care- New Jersey's publicly funded health insurance program (www.njfamilycare.org)

Health Insurance Marketplace - facilitates federally funded health centers that provide basic medical care, including prenatal care on a sliding scale fee basis (www.healthcare.gov)